



State of Montana
State Auditor's Office

John Morrison
Commissioner of Insurance and Securities

STATE OF MONTANA
CAPTIVE APPLICATION FOR CERTIFICATE OF AUTHORITY

1. Name of Proposed Captive: _____
2. Parent or Sponsor: _____
3. Name, Address, and Phone Number of Individual to be Contacted Regarding This Application:

4. Federal Employee Identification Number _____
5. Type of Proposed Captive
Pure _____ Association _____ Industrial Insured _____
6. Organization Form Stock _____ Mutual _____
7. Principal Place of Business of Proposed Captive: _____

8. Location of Books and Records: _____

9. Capital and/or Surplus of Company
 - (a) Initial Capital \$ _____
Initial Surplus \$ _____
Total \$ _____
 - (b) Location of Shares of Stock: _____

10.

Name(s) and Address(es) of Beneficial Owners (1)	Percent of Ownership
(2)	
(3)	

(Use separate sheet if needed.)

11. Explain Relationship Among Beneficial Owners:

12. Enclose Annual Report(s) or 10K(s) of Beneficial Owners.

13. If Letter(s) of Credit Is (Are) to be Used:

Name and Address of Bank	Issued in Favor of	Amount \$

The prescribed Irrevocable Letter of Credit form (enclosed) must be used.

14. Name and Address of Management Firm: _____

15. Name and Address of Lawyer: _____

16. Name and Address of Claims Handler: _____

17. Name and Address of Certified Public Accountant: _____

18. Name and Address of Actuary: _____

19. Name and Address of (Re)insurance Broker: _____

20. Biographical Information for Directors and Officers and Management Personnel of the Captive
(List below and include a biographical affidavit for each)

Name	Position(s) with Captive	Employer and Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use separate sheet if needed.)

21. If the Applicant is an Industrial Insured Captive, Please Answer the Following:
(a) Name and Address of Each Full-time Employee Acting as an Insurance Manager or Buyer:

(b) Aggregate Annual Premium: \$ _____

(c) Number of Full-time Employees: _____

22. Include the Following With This Application:

(a) Coverage/Limits/Reinsurance form attached

(b) \$200 application fee and \$300 license fee.

(c) A feasibility study by an actuary

(d) If the applicant is an Association Captive, give history, purpose, size and other details of the parent association

(e) List all other providers and their responsibilities, together with how fees for services rendered are to be charged.

- (f) Detailed Plan of Operation with supporting data including:
- (1) Risks to be insured – direct, assumed and ceded – by line of business
 - (2) Fronting company, if operating as a reinsurer
 - (3) Expected net annual premium income
 - (4) Maximum retained risk (per loss and annual aggregate)
 - (5) Provide a listing of assets by category (cash, bonds, etc.,) along with names and address of financial institutions of where the assets are held
 - (6) Rating program
 - (7) Reinsurance program
 - (8) Organization and responsibility for loss prevention and safety including the main procedures followed and steps taken to deal with events prior to possible claims
 - (9) Loss experience for past five years, together with projections for the ensuing five years
 - (10) Organization chart
 - (11) Financial projections on an expected and worst case scenario

Items 1, 3, 4, and 11 above should be projected for a five-year period.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN ARE BEST ESTIMATES, BASED UPON FACTS THAT HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.

Name: _____ Date: _____

Signature: _____
(Director)

COVERAGE/LIMITS/REINSURANCE

Coverage	Direct or Reinsurance	Policy Limits Per Occ./Agg.	Excess of Amount & Form	Claims Made Or Occurrence	Assessable- Rateable Policy	Amounts Reinsured	Reinsurance By
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Are policies assessable? _____

Parental Guaranty in place? _____

Loan to Parent requested? _____

Losses Discounted? _____

If so, proposed rate _____